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Front Line Defenders Child Protection Policy

(most recent update November 2017)

Introduction

The mission of Front Line Defenders is to protect, defend, support, and act for and with human rights defenders whose lives and health are at risk because of their peaceful and legitimate activities. In providing protection and support to human rights defenders, Front Line Defenders and its staff are committed to:

- ▲ focus on the primacy and centrality of defenders
- ▲ demonstrate profound respect and empathy for defenders
- ▲ meet the needs expressed by the defenders in a fast, flexible and relentless manner
- ▲ achieve tangible impact
- ▲ act with independence, impartiality and integrity
- ▲ perform with dedication, professionalism and accountability
- ▲ show transparency and openness
- ▲ develop participative and cooperative relations

1. Purpose

The function of this policy is to safeguard and protect children from child abuse.

The primary function of this policy is to prevent abuse. The secondary function is to clarify Front Line Defenders response to the management of allegations. Thirdly, this policy aims to educate employees on the subject of safeguarding children, to build their capacity to pre-empt child abuse through the application of best practice in the management of activities involving children, and in so doing to protect children, staff, interns and volunteers.

This policy is written to comply with the Children First: National Guidance for the Protection and Welfare of Children (2011).

2. Scope

This policy is applicable to all Front Line Defenders staff, interns and fellows in all locations where Front Line Defenders works around the world. It is also applicable to third parties working directly with Front Line Defenders such as volunteers and consultants.

3. Background

In 1992 the UN Convention on the Rights of the Child (UNCRC) was ratified by Ireland. Part of this Charter on the Rights of the Child is especially relevant to safeguarding and protecting children from abuse. It stated that parties shall take appropriate action, legislative, administrative, social and educational to protect a child from any/all forms of physical and mental violence, injury or abuse. The four general principles of the UNCRC are:

- Survival and development

- Non-discrimination
- Child participation and the right to be heard
- The best interests of the child

The UNCRC has 54 articles in all and articles 2, 3, 12 and the most significant article number 19 underpin all the rights of UNCRC:

Article 2.2: States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

Article 3.1: In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Article 12.1: States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

Article 19.1: States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. .

Front Line Defenders aims to ensure that it operates best practice in terms of child protection policies and recognises the legal guidelines governing child protection in each jurisdiction in which Front Line Defenders works. This policy is also written to comply with the Children First Guidance 2011.

4. Definitions of child abuse and child/youth

Child or Youth: Front Line Defenders considers a child or young person to be under the age of 18 years.

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time.

Definition of 'neglect'

Neglect can be defined in terms of an *omission*, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.

Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is *significant* is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.

Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

The *threshold of significant harm* is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

Note: Although this is an extremely important definition of neglect, it is not possible to apply it to children whereby neglect as defined above is prevalent due to severe poverty conditions and not by any abuse from an individual. The aim of Front Line Defenders is to support and protect human rights defenders so that they can continue their work defending the rights of others, including those who work to improve the conditions for children.

Definition of ‘emotional abuse’

Emotional abuse is normally to be found in the *relationship* between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child’s developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.

Examples may include:

- (i) the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- (ii) conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- (iii) emotional unavailability of the child’s parent/carer;
- (iv) unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
- (v) premature imposition of responsibility on the child;
- (vi) unrealistic or inappropriate expectations of the child’s capacity to understand something or to behave and control himself or herself in a certain way;
- (vii) under- or over-protection of the child;
- (viii) failure to show interest in, or provide age-appropriate opportunities for, the child’s cognitive and emotional development;
- (ix) use of unreasonable or over-harsh disciplinary measures;
- (x) exposure to domestic violence;
- (xi) exposure to inappropriate or abusive material through new technology.

Emotional abuse can be manifested in terms of the child’s behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The *threshold of significant harm* is reached when abusive interactions dominate and become *typical* of the relationship between the child and the parent/carer.

Definition of ‘physical abuse’

Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve:

- (i) severe physical punishment;
- (ii) beating, slapping, hitting or kicking;
- (iii) pushing, shaking or throwing;
- (iv) pinching, biting, choking or hair-pulling;
- (v) terrorising with threats;
- (vi) observing violence;
- (vii) use of excessive force in handling;

- (viii) deliberate poisoning;
- (ix) suffocation;
- (x) fabricated/induced illness
- (xi) allowing or creating a substantial risk of significant harm to a child.

Definition of 'sexual abuse'

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:

- (i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- (ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- (iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- (iv) sexual intercourse with the child, whether oral, vaginal or anal;
- (v) sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;
- (vi) consensual sexual activity involving an adult and an under-age person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls.

Recognising child neglect or abuse

Child neglect or abuse can often be difficult to identify and may present in many forms. A list of indicators of child abuse is contained in Appendix 1. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances.

Guidelines for recognition

The ability to recognise child abuse can depend as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. There are commonly three stages in the identification of child neglect or abuse:

- (i) considering the possibility;
- (ii) looking out for signs of neglect or abuse;
- (iii) recording of information.

Action or inaction applies to all of the above cases of abuse, to the fact that a person may be responsible for the abuse and / or know about abuse occurring. Both are considered as serious as the other in terms of responsibility for the abuse.

Time Constraints: Abuse may be current, recent or historical. There are no time constraints for reporting and taking action within each procedure.

Inappropriate Behaviour by Children towards other Children

This policy is to address the behaviour of staff, interns, fellows, volunteers, consultants and other third parties working for Front Line Defenders when working with children directly. However, should a Front Line Defenders employee, intern, fellow, volunteer, consultant or other third party witness inappropriate behaviour from a child(ren) towards another child(ren) such as bullying or discrimination or any kind of abuse, they should report it to an appropriate person without delay, this could be for example the school/teacher or parent/guardian. Front Line Defenders staff should not discipline the child or group of children themselves.

In situations where there is no responsible authority present, the Front Line Defenders employee, intern, fellow, volunteer or consultant should try to stop the inappropriate behaviour occurring and report the incident to the Programme Manager who will inform the relevant authority at the first available opportunity.

Approach to child protection and welfare training

Front Line Defenders does not provide services for children. The work of the organisation does not generally involve children and it is not in regular direct contact with children.

As per 10.3.1 of Children First: National Guidance (2011) “The level and type of training required depends on the degree of involvement that the staff of particular agencies have in child protection and welfare work. All relevant staff should be trained in the recognition of signs of abuse (*Chapter 2 and Appendix 1*) and what immediate action to take (*Chapter 3*)” and 10.3.3 “Training in child protection and welfare is required at two levels – basic and advanced – in order to meet the diversity of needs within the HSE and other organisations that provide services to children and families.”

The approach of Front Line Defenders to child protection and welfare training is to:

- 1) provide this policy to all staff, interns, fellows, volunteers and consultants as required reading and signing for acceptance of the conditions outlined;
- 2) to implement the organisation's Mission Security Guidelines
- 3) to implement the organisation's Policy and Procedures on Bullying and Harassment (Staff Terms and Conditions Appendix 4)
- 4) to implement guidelines for communications, images and messaging (Dochas code);
- 5) to implement guidelines for safe activities and events when activities do involve children.
- 6) to designate a Child Protection Officer for reporting of suspected or actual abuse of children;
- 7) to follow best practice in recruitment and training of staff, interns, fellows, volunteers and consultants.

Guidelines & Procedures

1) Policy

This policy will be provided to all staff, interns, fellows, volunteers and consultants.

It will be reviewed every 2 years.

2) Mission Security Guidelines

As per Front Line Defenders Mission Security Guidelines: Appendix 5.2: Sexual Harassment and Assault: For Front Line Defenders staff, sexual activity with children (persons under the age of 18) is strictly prohibited.

3) Policy and procedures on Bullying and Harassment

See Staff Terms and Conditions Appendix 4

4) Guidelines for Communications, Images and messaging

Front Line Defenders subscribes to the *Dochas Code of Conduct on Images and Messages*, which provides principles and guidelines for publishing images.

http://www.dochas.ie/sites/default/files/Images_and_Messages.pdf

5) Code of Behaviour in relation to Children/Youth

Front Line Defenders employees should ensure best practice in the management of activities working with children.

Although Front Line Defenders work does not generally involve activities with children, Front Line Defenders employees may occasionally come into direct contact with children:

- when Transition Year students spend a one-week work placement in the Dublin office (two students per year);
- during school and university talks, by the Director or other staff (Programme Manager/ Events Coordinator/ Head of Protection) occasionally visit universities and schools in Ireland for talks on the topic of human rights defenders and the role of Front Line Defenders to protect them;
- when young people participate in a volunteer activity for the organisation eg. Volunteering at the Dublin Platform, a fundraising event such as the Women's mini marathon, an online campaign. Although this is rare, it is possible that a child under the age of 18 will occasionally be involved in such activities;
- when children accompany a human rights defender to a training, rest & respite visit or other activity organised by Front Line Defenders;
- when children are present when a Front Line Defenders representative meets with human rights defenders in the field.

For situations where HRDs bring/request to bring children to a training:

Whilst recognising that some HRDs, particularly rural WHRDs, may not be able to attend workshops if they cannot bring children, FLD must also consider the risks. Each request from an HRD to bring their child to a training should be separately assessed and cleared in security plans. Consideration should be given to:

- * type of workshop
- * location of workshop and child friendliness of the venue
- * age of child
- * availability of responsible childcare agreed by the parent

It is also noted that the presence of a child could take the parent-HRD away to some degree from the process of the workshop and in this way hinder the benefits to the HRD and to the group.

In any event, the HRD parent should be advised in writing that bringing the child is their own responsibility, including shielding the child from discussion of threats (eg at meal times with the group).

For TY student placements at the Dublin office, ensure that more than one person is present or at least in sight or hearing range of others for work with the student. If you do need to work alone with the student, remain in general view, not hidden away behind closed doors.

For talks organised through schools, it is necessary to ensure that the school provides consent for the talk and teachers remain present for the duration of the activity.

For occasions when children accompany human rights defenders to an FLD activity or meeting, ensure the parent/guardian is present at all times.

To ensure the management of **Safe Volunteering Activities and Events**, all employees conducting such activities with children should ensure adequate consideration is given to their protection before, during and after the event.

For all activities that involve direct unsupervised contact with children, the Safeguarding Children Policy Checklist (Safe Activities) (Appendix 3) must be completed by the employee and their Line Manager at least 4 weeks before the event is scheduled to take place.

Parental Consent: It is essential to ensure written parental consent is sought for activities or events where there is a high probability of having direct unsupervised access to children. Such activities would be where there are no parents/guardians or teachers present. The Parental Consent Form (Appendix 4) should be completed and signed. Where children are of an appropriate age of understanding, their own consent should be sought in addition to the consent of their parents/guardians for activities that involve them.

In addition, we expect that everyone working with children and young people for Front Line Defenders will follow the guidelines below to safeguard children and to avoid situations that could be misinterpreted or lead to false allegations of child abuse. By setting out appropriate behaviour, this code will not only help to safeguard children but also employees, interns, fellows, volunteers, consultants and any other person who is working with children for Front Line Defenders.

All employees, interns, fellows, volunteers, consultants or any other person should ensure that they:

- work in an open environment and avoid being left alone with a child where at all possible, and exercise caution where this is impracticable;
- demonstrate exemplary behaviour in the presence of children;
- provide a safe, appropriately monitored environment for any children visiting the Front Line Defenders office;
- adopt the safest practices to minimise the possibility of harm or accidents happening to children;
- always refer child abuse and welfare concerns to the CPO;
- comply with the Child Protection Guidelines/Policies of schools, colleges or other organisations they visit on behalf of Front Line Defenders.

All employees, interns, fellows, volunteers, consultants or any other person must:

- Respect a child's right to personal privacy.
- Provide an example of good conduct you want others to follow.
- Be visible to other adults when working with children whenever possible.
- Challenge and report potentially abusive behaviour.
- Respect each child's boundaries and help them to develop their own sense of their rights as well as helping them to know what they can do if they feel there is a problem.
- Encourage children and adults to feel comfortable enough to point out attitudes and behaviour they do not like.

- Be aware of situations which present risks and manage these.
- Plan and organise any events involving children so that risks are minimised, ensure they involve more than one person being present or at least in sight or hearing range of others. Occasionally there may be no alternative. If you do need to work alone with a child, remain in general view, not hidden away behind closed doors.
- Recognise that caution is required in one-to-one situations, even in sensitive situations such as dealing with bullying or when children are very upset.
- Choose materials carefully to make sure they are suitable for a youth audience.
- Avoid inappropriate physical or verbal contact with children.
- Avoid being drawn in to inappropriate attention-seeking behaviour, such as tantrums or crushes.
- Avoid showing favouritism to any individual.

It is important for all employees, interns, fellows, volunteers or consultants working for Front Line Defenders who have contact with children are aware of what is considered inappropriate behaviour with children.

Employees, interns, fellows, volunteers or consultants should never:

- Spend excessive time alone with children away from others.
- Take children to your own home, especially where they will be alone with you.
- Take children alone in a car, even for short journeys, unless this is unavoidable for safety reasons. If this is unavoidable, make sure an adult carer or another member of employees is aware it is happening.
- Hit or otherwise physically assault or physically abuse children.
- Develop sexual relationships with children.
- Act in ways that may be abusive or may place a child at risk.
- Do things of a personal nature that children could do for themselves. If you have to, make sure another adult is present.
- Permit abusive youth peer activities such as bullying.
- Contact children outside the group or project.
- Make suggestive remarks or gestures, even in fun.
- Trivialise or exaggerate child abuse issues.
- Rely on just your good name to protect you.
- Do not believe "it could never happen to me".

Employees, interns, fellows, volunteers or consultants should avoid actions or behaviour that could be construed as poor practice or potentially abusive, for example they should never:

- Use language, make suggestions or offer advice which is inappropriate, offensive or abusive.
- Behave physically in a manner which is inappropriate or sexually provocative.
- Have a child / children with whom they are working to stay overnight at their home unsupervised.
- Sleep in the same room or bed as a child with whom they are working.
- Condone, or participate in behaviour of children which is illegal, unsafe or abusive.
- Act in ways intended to shame, humiliate, belittle or degrade.
- Discriminate against, show different treatment or favour particular children to the exclusion of others.

6) Procedures for reporting suspected or actual abuse of children

Child Protection Officer

The Programme Manager assumes the role of the Child Protection Officer (CPO). The Child Protection Officer will act as a resource to anyone if Front Line Defenders who has child protection queries or concerns, will seek advice from the Health Service Executive, and will be responsible for reporting suspicions or allegations of child abuse to the Health Service Executive and/or Garda Síochána. The CPO will have responsibility for regular review of this Child Protection Policy and will keep up to date on current developments regarding child protection.

Complaints Procedure

Front Line Defenders understands and expects that any allegations/suspicions of child abuse should be reported immediately and handled objectively and fairly, with regard to all parties involved. Front Line Defenders will endeavour to act upon any such report swiftly.

Dealing with Allegations and Suspicion

Front Line Defenders recognises that when specific allegations and/or suspicion (i.e. when concern is expressed about abuse that may have taken place or be in prospect) of abuse are made against a named individual or individuals, this will always be referred to the civil authorities for their investigation and acted upon swiftly, making the welfare of children the paramount consideration. Any information offered in confidence should be received on the basis that it will be shared with relevant people in authority: this would include members of the senior management team and if appropriate, child protection personnel in statutory agencies. Parents, carers or schools will also be informed if it is appropriate for Front Line Defenders to do so.

Reporting an Allegation or Suspicion of Child Abuse

All complaints, allegations or suspicions of child abuse should be made to the Programme Manager in the first instance.

If there is a suspicion and/or evidence of abuse, it should be reported immediately to the Programme Manager. It is your duty to report any allegation or suspicion of abuse. Front Line Defenders does understand that it may be difficult for you to take this step. However, Front Line Defenders will support anyone who raises a legitimate concern in good faith. All information will only be shared with those directly involved and the necessary civil authorities.

All allegations or suspicions will be reported to the Director and the statutory authorities without delay by the Programme Manager.

Reporting Procedure

The person making the allegation or reporting a suspicion of abuse must complete the Child Protection Record Form (Appendix 5) for the Programme Manager and include as much detail as possible with regard to the grounds for concern they have in relation to the child and observations which should include dates, times, names, locations, context and any other information that may be relevant.

The Programme Manager will immediately share this information with the Director of Front Line Defenders, and if the incident takes place in Ireland the HSE local Child Protection Services and An Garda Siochana. If the incident takes place in another jurisdiction the relevant national authorities will be contacted unless this might place the child at additional risk.

The above procedure should be followed for all allegations/complaints including allegations/complaints made against employees, interns, fellows, volunteers, consultants or other third parties. If the allegation/complaint relates to a Front Line Defenders employee, they will be informed of the allegation/complaint or suspicion and external reporting requirements that must be followed by the organisation. The employee will also be informed of any decision to remove or suspend them from any or all duties or duties that involve working with children. This decision will be made using the guiding principle that the safety of the child is always the most important consideration.

The Programme Manager will remain in contact with the authorities during any investigations that they are conducting until the external processes are concluded.

These procedures will be conducted in accordance with the Children First: National Guidance for the Protection and Welfare of Children (DCYA 2011).

Internal Procedures

If necessary, following the completion of any external investigations into allegations or suspicions of child abuse, Front Line Defenders will conduct its own internal investigation to assess whether a breach of organisation policy has occurred. If founded, a breach of the policy will result in disciplinary action up to and including dismissal.

All internal investigations will be conducted in accordance with Front Line Defenders Terms and Conditions and any corrective action will be taken under Front Line Defenders Disciplinary Procedure up to and including dismissal of an employee, or termination of a contract with a volunteer, consultant or other third party.

Front Line Defenders does not have the right to interview any child or other external parties with regard to a complaint of child abuse in any internal investigation procedure.

Contact information for relevant authorities

Child Protection Officer:
Tara Madden
tara@frontlinedefenders.org

National contacts for HSE Children and Family Services:
DUBLIN SOUTH Social Work Department, Our Lady's Clinic, Patrick Street, Dun Laoghaire,
Co. Dublin (01) 663 7300

7) Recruitment and training of staff, interns/fellows and volunteers

Standard Recruitment and Selection Procedures

Since Front Line Defenders does not provide services for children and is not in regular direct contact with children, employees will not generally be vetted as part of the recruitment process.

It is the responsibility of the Line Manager to ensure that the Safeguarding Children Policy is issued to new employees, interns, fellows, volunteers and consultants as part of their induction. The Safeguarding Children Policy must be signed and returned by the employee. A signed copy of the policy will be placed on all employees/intern/volunteer personnel files.

Self-Declaration Form

All individuals in Front Line Defenders who are involved in activities directly with children must complete and sign a Self-Declaration Form regarding criminal convictions, being subject to disciplinary procedures or criminal offences due to inappropriate behaviour towards children.

Any information that is found to be false, withheld or misleading may result in the removal of the person from the post without notice.

The Self-Declaration Form is attached in Appendix Two.

A signed copy of the completed Self-Declaration Form will be placed on the personnel files of those employees/interns/volunteers who are involved in activities with children.

Third Parties

This policy is also mandatory for any person carrying out work on behalf of Front Line Defenders on a consultancy or voluntary basis that has or may have direct contact with children or young persons. It is the responsibility of all employees requesting a third party to undertake work that may bring that person into contact with children, to ensure that the third party:

Receives a copy of the Safeguarding Children Policy, understands and signs it.

Signs a Self-Declaration Form regarding criminal convictions.

Are vetted if appropriate.

Receives training on the subject matter.

In cases where third parties will have direct unsupervised access to children in carrying out their duties, it may be necessary to ensure the third party is vetted by the Central Garda Vetting Unit in order to ensure the person has no previous convictions regarding children or that would put children at any risk. If it is not necessary for the third party to be vetted, it is the responsibility of the employee to ensure that third parties are adequately supervised at all times during activities that involve direct contact with children.

Employees Protection

Employees are protected in making allegations of breaches of the policy against another employee provided the allegations are made reasonably and in good faith. If an allegation of a breach of the Code of Behaviour is found to be made unreasonably and not in good faith, the employee whom the allegation was made against may make a complaint under Front Line Defenders Grievance Procedure. If such a complaint is upheld, corrective action may be taken against the complainant under Front Line Defenders Disciplinary Procedure up to and including dismissal.

Provision of Support

If an alleged incident of child abuse takes place in connection with Front Line Defenders activities, Front Line Defenders undertakes to provide support for the alleged victims and the alleged abuser whilst any investigation is ongoing, either by the civil authorities or internally. Front Line Defenders will seek to ensure that any continuing support needed after a situation has been resolved is made available. This might include the provision of information regarding legal advice or counselling available to both parties.

Confidentiality

All complaints made under this policy will be handled with the strictest confidentiality and the information will only be shared with relevant parties. Breach of confidentiality will result in corrective action being taken under Front Line Defenders Disciplinary Procedure up to and including dismissal.

Contravention of Policy:

Failure to comply with this policy and all relevant guideline and procedural documents listed in this policy may lead to corrective action being under Front Line Defenders Disciplinary Procedure up to and including dismissal.

Amendments to Policy:

This policy will be reviewed every two years. Front Line Defenders reserves the right to amend this policy and procedures as necessary at any time in the interest of best practice and changes in legislation. You will be notified of any changes to this policy that may affect you.

Implementation

In order to implement this policy, Front Line Defenders will:

- provide a copy of the policy to all staff, interns and volunteers
- seek Garda clearance for all staff, interns and volunteers who have direct contact with children for Front Line Defenders activities.

Appendix 1: Signs and symptoms of child abuse

(Extract from Children First: National Guidance for the Protection and Welfare of Children, 2011)

1. Signs and symptoms of neglect

Child neglect is the most common category of abuse. A distinction can be made between 'wilful' neglect and 'circumstantial' neglect.

'Wilful' neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, contact with others.

'Circumstantial' neglect more often may be due to stress/inability to cope by parents or carers.

Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance. The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission' (Skuse and Bentovim, 1994). It comprises 'both a lack of physical caretaking and supervision and a failure to fulfil the developmental needs of the child in terms of cognitive stimulation'.

Child neglect should be suspected in cases of:

- abandonment or desertion;
- children persistently being left alone without adequate care and supervision;
- malnourishment, lacking food, inappropriate food or erratic feeding;
- lack of warmth;
- lack of adequate clothing;
- inattention to basic hygiene;
- lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age;
- persistent failure to attend school;
- non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;
- failure to provide adequate care for the child's medical and developmental problems;
- exploited, overworked.

2. Characteristics of neglect

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development.

Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability.

Neglect may be categorised into different types (adapted from Dubowitz, 1999):

- Disorganised/chaotic neglect: This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.
- Depressed or passive neglect: This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean

clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.

- **Chronic deprivation:** This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

The following points illustrate the consequences of different types of neglect for children:

- inadequate food – failure to develop;
- household hazards – accidents;
- lack of hygiene – health and social problems;
- lack of attention to health – disease;
- inadequate mental health care – suicide or delinquency;
- inadequate emotional care – behaviour and educational;
- inadequate supervision – risk-taking behaviour;
- unstable relationship – attachment problems;
- unstable living conditions – behaviour and anxiety, risk of accidents;
- exposure to domestic violence – behaviour, physical and mental health;
- community violence – anti social behaviour.

3. Signs and symptoms of emotional neglect and abuse

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness. Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that 'emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted'. Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors.

- rejection;
 - lack of comfort and love;
 - lack of attachment;
 - lack of proper stimulation (e.g. fun and play);
 - lack of continuity of care (e.g. frequent moves, particularly unplanned);
 - continuous lack of praise and encouragement;
 - serious over-protectiveness;
 - inappropriate non-physical punishment (e.g. locking in bedrooms);
 - family conflicts and/or violence;
 - every child who is abused sexually, physically or neglected is also emotionally abused;
 - inappropriate expectations of a child relative to his/her age and stage of development.
- Children who are physically and sexually abused and neglected also suffer from emotional abuse.

4. Signs and symptoms of physical abuse

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

- bruises (*see below for more detail*);
- fractures;
- swollen joints;
- burns/scalds (*see below for more detail*);
- abrasions/lacerations;
- haemorrhages (retinal, subdural);
- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness;
- death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common.

Bruises

Accidental

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards. Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

Non-accidental

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth.

Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing).

Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired.. Other injuries may feature – ruptured eardrum/fractured skull.

Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

Bone injuries

Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

Non-accidental

A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

Burns

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot

object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

Non-accidental

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

Bites

Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

Non-accidental

It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

Poisoning

Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event.

Non-accidental

Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

Shaking violently

Shaking is a frequent cause of brain damage in very young children.

Fabricated/induced illness

This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/induced illness include:

- (i) symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;
- (ii) high level of demand for investigation of symptoms without any documented physical signs;
- (iii) unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of unprescribed medication or poisons in the blood or urine.

5. Signs and symptoms of sexual abuse

Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse most commonly happens within the family.

Cases of sexual abuse principally come to light through:

- (a) disclosure by the child or his or her siblings/friends;
- (b) the suspicions of an adult;
- (c) physical symptoms.

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

Non-contact sexual abuse

- 'Offensive sexual remarks', including statements the offender makes to the child regarding the child's sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene phone calls.
- Independent 'exposure' involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
- 'Voyeurism' involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.

Sexual contact

- Involving any touching of the intimate body parts. The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes 'frottage', i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim's body or clothing.

Oral-genital sexual abuse

- Involving the offender licking, kissing, sucking or biting the child's genitals or inducing the child to do the same to them.

Interfemoral sexual abuse

- Sometimes referred to as 'dry sex' or 'vulvar intercourse', involving the offender placing his penis between the child's thighs.

Penetrative sexual abuse, of which there are four types:

- 'Digital penetration', involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
- 'Penetration with objects', involving penetration of the vagina, anus or occasionally mouth with an object.
- 'Genital penetration', involving the penis entering the vagina, sometimes partially.
- 'Anal penetration' involving the penis penetrating the anus.

Sexual exploitation

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- 'Child pornography' includes still photography, videos and movies, and, more recently, computer-generated pornography.
- 'Child prostitution' for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.

Carers and professionals should be alert to the following physical and behavioural signs:

- bleeding from the vagina/anus;
- difficulty/pain in passing urine/faeces;
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease.

Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;

- noticeable and uncharacteristic change of behaviour;
- hints about sexual activity;
- age-inappropriate understanding of sexual behaviour;
- inappropriate seductive behaviour;
- sexually aggressive behaviour with others;
- uncharacteristic sexual play with peers/toys;
- unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in young children (aged 0-10 years) include:

- mood change where the child becomes withdrawn, fearful, acting out;
- lack of concentration, especially in an educational setting;
- bed wetting, soiling;
- pains, tummy aches, headaches with no evident physical cause;
- skin disorders;
- reluctance to go to bed, nightmares, changes in sleep patterns;
- school refusal;
- separation anxiety;
- loss of appetite, overeating, hiding food.

Particular behavioural signs and emotional problems suggestive of child abuse in older children (aged 10+ years) include:

- depression, isolation, anger;
- running away;
- drug, alcohol, solvent abuse;
- self-harm;
- suicide attempts;
- missing school or early school leaving;
- eating disorders.

All signs/indicators need careful assessment relative to the child's circumstances.

Appendix 2: Front Line Defenders Safeguarding Children Policy - Self-Declaration Form

In order to comply with Front Line Defenders Safeguarding Children Policy, this form must be completed and signed by all employees, interns, fellows, volunteers, consultants or other third parties working with children, who will come into contact with children or have access to the personal details of children.

Full Name (print): _____

Address _____

Date of Birth: _____ Place of Birth: _____

Do you have any prosecutions pending or have you ever been convicted of a criminal offence or been the subject of a Caution or of a Bound Over Order (please tick)

Yes No

If yes, please state below the nature and date(s) of the offence(s)

Date of offence: _____

Nature of offence: _____

Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards a child? (Please tick)

Yes No

If yes, please give details including date(s) below:

Name of Employer: _____ Date of incident(s): _____

Nature of incident(s)/inappropriate behaviour: _____

Declaration:

I understand that, if it is found that I have withheld information or included any false or misleading information above, I may be removed from my post whether paid or voluntary, without notice. I understand that this information will be kept securely by Front Line Defenders in accordance with Data Protection legislation. I hereby declare the information I have provided above is accurate.

Signed: _____ Date: _____

Appendix 3: Safeguarding Children Policy Checklist (Safe Activities)

*This checklist should be completed and signed by employees if Front Line Defenders is **organising** an event or activity that involves working directly with children. The checklist must be completed in full, signed and returned to your line manager at least 4 weeks before the event is scheduled to take place. Please attach any signed Parental Consent Forms and Self-Declaration Forms if required.*

Employee Name: _____

Event/Activity/Trip: _____ Date of event: _____

Venue: _____ Location: _____

Safe recruitment and consent

<ul style="list-style-type: none"> Is this event / activity or overseas visit organised by Front Line defenders? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If jointly organised please proceed to complete all questions.
<ul style="list-style-type: none"> Will the event have parents, guardians or teachers present? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Please list: names and status.
<ul style="list-style-type: none"> Does this event involve volunteers, consultants or other third parties 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, please consider whether they need to be vetted. See Recruitment and Vetting Procedures for guidance or consult the Child Protection Officer.
<ul style="list-style-type: none"> Have volunteers, consultants or third parties completed a Declaration Form and signed up the Front Line Defenders Child Protection Policy? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	All volunteers, consultants and third parties must read & sign the FLD Child Protection Policy and complete the Self-Declaration Form.
<ul style="list-style-type: none"> Do you have adequate supervision measures in place for supervising volunteers, consultants or third parties? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	This will be necessary where volunteers, consultants or third parties have not been vetted and may have direct access to children.
<ul style="list-style-type: none"> Will volunteers, consultants or third parties have direct unsupervised access to children? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, volunteers, consultants or third parties will need to be vetted.
<ul style="list-style-type: none"> If yes, have you ensured volunteers, consultants or third parties are vetted? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Please note this process can take up to 16 weeks.

<ul style="list-style-type: none"> Have you received signed Parental Consent Forms for this activity? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	See Note 1
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Health, Safety and Welfare

<ul style="list-style-type: none"> Have you arranged for appropriate insurance to be in place? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Please ensure relevant insurance is in place.
<ul style="list-style-type: none"> Does the venue have adequate emergency evacuation procedures? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Please ensure you make all attendees known of emergency exits and evacuation procedures.
<ul style="list-style-type: none"> Does the venue have appropriate changing facilities and toilets for children? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Please ensure facilities are appropriate for age group.
<ul style="list-style-type: none"> Do you have first aid supplies and a trained Occupational First Aider to deal with accidents / incidents? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Please insert the name of First Aider if appropriate:
<ul style="list-style-type: none"> Is there provision of safe transport for children if appropriate? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Please do not travel alone with a child unless absolutely necessary. Inform your manager if this is the case.
<ul style="list-style-type: none"> Do you have adequate supervision arrangements in place? 	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Please see note 3 and recommended ratios of adults to children.

Signed: _____ Signed: _____
 Employee Manager

Date: _____

Appendix 4: Parent/ Guardian Consent Form

Anything written on this form will be held in confidence. Our staff need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend a Front Line Defenders activity.

Child's Full Name:	
Address	
Home Tel No.	
Age	
Date of Birth	
Gender:	Male Female
Name of relative attending	
Emergency Tel. No.	1. 2.
If unavailable contact	Name: Tel: Relationship to child:
GP/ Doctor's Name	
GP / Doctor's Tel. No.	
Details of any known special dietary requirement / allergies / medical conditions	
Any other special needs, requirements, directions, that would be helpful for Front Line Defenders to know about	

I will inform Front Line Defenders staff of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that Front Line Defenders has developed a Safeguarding policy & they are committed to ensuring the safety of my child.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

Signature of Child

Signature of Parent / Guardian

Print Name

Date

This consent form will remain valid for one year.

Appendix 5: Child Protection Record Form – Confidential

This form should be completed if you have a suspicion or concern regarding an abuse of a child or a breach of Front Line Defenders Safeguarding Children Policy and given to the Child Protection Designated Officer.

Section 1: About the disclosure/concern

Date of disclosure/concern: _____

Time of disclosure/concern: _____

How was the information received? (attach any written information to this form). *(please circle)*

Telephone Letter Email In person

Details of person making disclosure/raising concern

Name (please print) _____

Address _____

Tel _____ Mobile _____

Email _____

Relationship to child or alleged victim _____

Details of child or alleged victim

Name _____ DOB _____

Address _____

Gender: _____ Ethnic Origin _____

Language (is interpreter/signer needed) Any Disability _____

School (if applicable) _____

Parent/Carer details (where appropriate)

Name _____

Address (if different from above) _____

Tel _____ Mobile _____

Are they aware of the allegation, suspicion or complaint?

Yes No

Details of alleged perpetrator

Name _____

Address _____

Relationship to child _____

Occupation _____

Details of concern, allegation or complaint

(include dates/times, location of incident(s) occurred, witnesses if known. Include child's words if possible. Does the child know this concern is being raised?)

Section 2: To be completed by the Child Protection Designated Officer.

Action taken:

Has the matter been referred to civil authorities and/ or An Garda Siochana?

Yes No

If no explain _____

If yes

Date of referral _____ Time _____

Who was it referred to:

Name _____ Designation _____

Address _____

Tel _____ email _____

Next Steps

What actions were agreed and by whom when the matter was referred onto civil / church authority?

Are there any immediate child protection concerns? If so please record what they are and state what actions have taken by whom to address them?

Designated Officer Details

Name _____ Date: _____

Director Signature: _____ Date: _____